

M22 0000008499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2022 JUN -9 PM 5:41
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

AUG 24 2022
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPH, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zachary B. Luczyk, Esq.
Name of Person

Lawson & Weitzen, LLP
Firm/Company

88 Black Falcon Avenue, Suite 345
Address

Boston, MA 02210
City/State and Zip Code

phunt@cphcorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zachary B. Luczyk, Esq. at (617) 603-3758
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CPH, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M22000008499

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/31/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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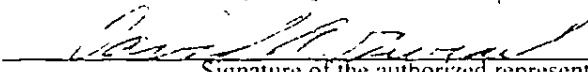
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Addition of Authorized Persons

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	See Attachment for additions		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

David A. Gierach

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

Additional Authorized Persons

Title/Capacity	Name	Address	Type of Action
Manager	David A. Gierach	500 W FULTON ST. SANFORD, FL 32771-1220	Remove
Authorized Person	David A. Gierach	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Manager	Kamran Khosravani	500 W FULTON ST. SANFORD, FL 32771-1220	Remove
Authorized Person	Kamran Khosravani	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Jeffrey M. Sattfield	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Carlos M. Sanchez	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Jason L. Toole	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Nikhel Jindal	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Kurt R. Luman	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	J. Brett Markovitz	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Thomas J. Galloway	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Wade P. Olszewski	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Michael Renshaw	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	James R. Morris	500 W FULTON ST. SANFORD, FL 32771-1220	Add

Authorized Person	Scott A. Breitenstein	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	James K. Winter	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Galen J. Pugh	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Amy E. Daly	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Randall L. Roberts	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	John A. Baer	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Brook K. Sherrard	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Joshua A. Bryant	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Alan R. Carpenter	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Christopher J. DeWaal	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Rocco R. Nasso	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Jeremy C. Morton	500 W FULTON ST. SANFORD, FL 32771-1220	Add
Authorized Person	Albert Lopez	500 W FULTON ST. SANFORD, FL 32771-1220	Add

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CPH CONSULTING, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE TWENTY-SEVENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.



6818982 8300

SR# 20222414479

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203541113

Date: 05-27-22